

INSURANCE ID CARD

2021–2022

LOURDES UNIVERSITY ACCIDENT ONLY INSURANCE PLAN



Below is your Accident Only Insurance Plan Identification Card. **Cut it out and carry it with you at all times.** This card can be used to verify your coverage.

How to Use This Plan



- 1 Visit a doctor or hospital of your choosing. Provide both your primary insurance card and this excess insurance card to the health care provider at the time of treatment for injuries.

The card explains that the school's coverage is EXCESS of other insurance, after \$50 of Primary coverage, and instructs providers to file with other insurance first. It also gives the provider our electronic payer ID number for immediate submission of charges.

You may be asked to pay part or all of your medical charges up front. You must then submit a claim for reimbursement of the portion of charges for which the company is responsible.



- 2 Obtain a claim form from the office of the Vice President, Finance and Administration. You must complete the claim form and return it to this same office. They will submit the claim form to Relation.

Once the school sends the claim form, you can forward the detailed billing statements and primary insurance carrier's explanation of benefits to:

Relation Insurance Services
PO Box 25936
Overland Park, Kansas 66225
Fax: **(913) 327-7520**

Bills will not be processed without a properly submitted claim form.

 cut out along dashed line

fold here

Accident Only Insurance Plan

2021–2022

Name:

Student ID #: *Please reference the student's school ID as the member ID number.*

Insurance Underwritten by Liberty Insurance Underwriters, Inc.

Group Name: Lourdes University

Policy #: SCH-40000267-02

Deductible: \$250 per Covered Injury

Coinsurance: 100% of Usual and Customary Charge

Maximum Benefit: \$25,000 per Injury

Coverage is for accidental injury only.

Effective Date: August 1, 2021

For questions about benefits, eligibility, or claims, call Relation Insurance Services. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below.

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.

MEMBERS: Carry this card at all times.

Member & Provider Services:	Relation Insurance Services	(877) 246-6997
Plan Materials:	www.4studenthealth.com/lourdes	
Claims Mailing Address:	Relation Insurance Services PO Box 25936 Overland Park, Kansas 66225 Fax: (913) 327-7520	Payer ID: 37301

Full Excess Coverage

If there are any discrepancies between this document and the Policy, the Policy will govern.